

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		253762.79
(b) Cash on Hand at Beginning of Reporting Period.....	325038.65	
(c) Total Receipts (from Line 19)	18874.99	350309.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	343913.64	604072.67
7. Total Disbursements (from Line 31)	16331.90	276490.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327581.74	327581.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2011

To:

 M M / D D / Y Y Y Y Y
 10 31 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

14486.20

251572.47

(ii) Unitemized

3055.41

91814.94

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17541.61

343387.41

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

17541.61

343387.41

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1333.38

6922.47

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18874.99

350309.88

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

18874.99

350309.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	831.90	6490.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	831.90	6490.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	270000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16331.90	276490.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16331.90	276490.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17541.61	343387.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17541.61	343387.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	831.90	6490.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1333.38	6922.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-501.48	-431.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David W Avery MD

Mailing Address 3702 1St Ave

City State Zip Code
 Vienna WV 26105-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marietta Health Care

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422178

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D Bachtel MD

Mailing Address 182 East Ave

City State Zip Code
 Tallmadge OH 44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Summa Physicians, Inc.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : C1498408

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

c. Jeffrey D Bachtel MD

Mailing Address 182 East Ave

City State Zip Code
 Tallmadge OH 44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Summa Physicians, Inc.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : C1498409

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1091.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 7 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey D Bachtel MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summa Physicians, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

10 / 31 / 2011

Transaction ID : C1503210

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

B. Jeffrey D Bachtel MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summa Physicians, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

10 / 31 / 2011

Transaction ID : C1503211

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

C. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 24 / 2011

Transaction ID : C1451956

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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PAGE 8 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City
Kingsport

State
TN

Zip Code
37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Tennessee State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2011

Transaction ID : C1498404

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert C M Bourne MD

Mailing Address 1300 E Cooley Dr

City
Colton

State
CA

Zip Code
92324-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaver Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

10 / 25 / 2011

Transaction ID : C1452015

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Kathryn Brandt DO

Mailing Address 180 Ingraham Mtn Rd

City
Augusta

State
ME

Zip Code
04330-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine-Dartmouth Family Medicine Reside

Occupation

Residency Faculty Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 05 / 2011

Transaction ID : C1425926

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. June G Bredin MD

Mailing Address 4924 153Rd PI Sw

City
Edmonds

State
WA

Zip Code
98026-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2011

Transaction ID : C1451924

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Tony William Butruille MD

Mailing Address 817 Commercial St

City

Leavenworth

State

WA

Zip Code

98826-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : C1449225

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : C1451234

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josiah Mark Carr II

Mailing Address 1313 Ravenhurst Dr
Ste 205

City Raleigh State NC Zip Code 27615-5462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : C1452012

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Cory D Carroll MD

Mailing Address 1040 E Elizabeth St Ste 2

City Fort Collins State CO Zip Code 80524-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1433286

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lee Marvin Carter MD

Mailing Address PO BOX 506

City Huntingdon State TN Zip Code 38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : C1453318

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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PAGE 11 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1498402

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

B. Manuel O Crespo DO

Mailing Address 14575 S Bryant Ave

City

Edmond

State

OK

Zip Code

73034-8139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vital Inpatient Physician Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427068

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

c. John Howard Darnell MD

Mailing Address 320 Sunset Dr

City

Ashland

State

KY

Zip Code

41101-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Center, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432664

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M David MD

Mailing Address 804 Huntington Ct

City
Albany

State
NY

Zip Code
12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prime Care Physicians PLLC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : C1426050

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Martha A David MD

Mailing Address 1 Skidmore Dr

City

Spencerport

State

NY

Zip Code

14559-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lifetime Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : C1450712

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. William Andrew Eason MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prime Care Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : C1427696

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doreen E Feldhouse MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2011

Transaction ID : C1422345

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1431930

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Seth Yawki Flagg MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

USN

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : C1422563

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

415.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael O Fleming MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 02 / 2011

Transaction ID : C1422346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher H Gaynor MD

Mailing Address 6300 9Th Ave Ne Ste 300

City

Seattle

State

WA

Zip Code

98115-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.70

Date of Receipt

10 / 14 / 2011

Transaction ID : C1431931

Amount of Each Receipt this Period

52.14

Full Name (Last, First, Middle Initial)

c. Roland Adolph Goertz MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

10 / 22 / 2011

Transaction ID : C1498405

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

718.81

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory K Griggs

Mailing Address NC AFP - Exec Vice Pres
PO Box 10278

City Raleigh State NC Zip Code 27605-0278

FEC ID number of contributing
federal political committee.

C

Name of Employer

NC AFP

Occupation

NC AFP - Exec Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

10 / 11 / 2011

Transaction ID : C1427688

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

B. Bob Arvid Grubbs MD

Mailing Address 9817 Farmington Rd

City Tuscaloosa State AL Zip Code 35405-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Family Practice, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 09 / 2011

Transaction ID : C1427055

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Boyde Jerome Harrison MD

Mailing Address 904 26th Street

City Haleyville State AL Zip Code 35565-0655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

Transaction ID : C1427097

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

660.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.70

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453314

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Daniel J Heinemann MD

Mailing Address PO BOX 5039

City State Zip Code
Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : C1427687

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. David Standish Hoskins MD

Mailing Address PO BOX 2200

City State Zip Code
Minden NV 89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

10 / 10 / 2011

Transaction ID : C1427066

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

687.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elvin C Irvin MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432938

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jessica Johnson

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432721

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Michael A Kalinosky DO

Mailing Address 220 W South St

City

Viroqua

State

WI

Zip Code

54665-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gundenstan Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : C1452530

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christina Marie Kelly MD

Mailing Address 2104 Addax Trl

City

Harker Heights

State

TX

Zip Code

76548-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Multicare Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : C1453311

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Bradon Y Kimura MD

Mailing Address 81-937 Halekii St Ste 4
Ste 4

City

Kealahou

State

HI

Zip Code

96750-8182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bradon Kimura MD Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : C1450332

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Susan Karen Kinast-Porter MD

Mailing Address 2302 11Th St

City

Monroe

State

WI

Zip Code

53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monroe Clinic TMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : C1450710

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura C Knobel MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1433287

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Kevin K Kurohara MD

Mailing Address 75 Puuhonu PI Ste 205

City

Hilo

State

HI

Zip Code

96720-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : C1452576

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Alan Lazar MD

Mailing Address G3230 Beecher Rd Ste 1

City

Flint

State

MI

Zip Code

48532-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1427694

Amount of Each Receipt this Period

182.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

832.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leah Raye R Mabry MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christus Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 21 / 2011

Transaction ID : C1451231

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael L Madden MD

Mailing Address 4907 Windermere Blvd

City

Alexandria

State

LA

Zip Code

71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer

L.S. U. HSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 20 / 2011

Transaction ID : C1450714

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sound Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453317

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs Jr

Mailing Address PO BOX 289

PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : C1425734

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John S Meigs Jr

Mailing Address PO BOX 289

PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1427695

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs Jr

Mailing Address PO BOX 289

PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : C1450708

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inland Empire Hospital Services Associ

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale C Moquist MD

Mailing Address 14023 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians at Sugar Creek

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433288

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elisabeth B Nadler MD

Mailing Address 2800 Dekalb St

City

Durham

State

NC

Zip Code

27705-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

family physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 07 / 2011

Transaction ID : C1425741

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Neller

Mailing Address 1118 Shelter Ln

City State Zip Code
 Lansing MI 48912-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer

MA AFP

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : C1427689

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

B. Carrie E Nelson MD

Mailing Address 520 W Indiana St

City State Zip Code
 Wheaton IL 60187-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

McKesson Health Solutions

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432663

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

c. Javette C Orgain MD

Mailing Address PO BOX 806527

City State Zip Code
 Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2011

Transaction ID : C1498406

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

201.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maureen O Padden MD, MPH

Mailing Address 2300 E St Nw

Bureau Of Medicine And Surgery

City

Washington

State

DC

Zip Code

20372-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2011

Transaction ID : C1498331

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Judith A Pauwels MD

Mailing Address 4245 Roosevelt Way Ne

City

Seattle

State

WA

Zip Code

98105-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : C1426885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Elisabeth L Righter MD

Mailing Address 2345 Philadelphia Dr

UW Health Fox Valley Family Medici

City

Dayton

State

OH

Zip Code

45406-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of WI School of Med. & Pub.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : C1426048

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 25 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426049

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Paul David Salzberg MD

Mailing Address PO BOX 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 29 / 2011

Transaction ID : C1453373

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453312

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis James S Sanchez MD

Mailing Address 3529 Firestone Blvd
 Sanchez Medical Center

City State Zip Code
 South Gate CA 90280-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sanchez Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : C1452014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dean A Schultz MD

Mailing Address 1850 Hickory St
 Ste 103A

City State Zip Code
 Abilene TX 79601-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
 APCA

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2011

Transaction ID : C1453388

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City State Zip Code
 Columbus GA 31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Horizons Diagnostics

Occupation
 Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : C1453316

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Smith MD

Mailing Address 285 Normandy Cir

City

Madison

State

MS

Zip Code

39110-9057

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.92

Date of Receipt

10 / 10 / 2011

Transaction ID : C1427064

Amount of Each Receipt this Period

191.54

Full Name (Last, First, Middle Initial)

B. Albert M Sterns MD

Mailing Address 1021 Drexel Pkwy

City

Birmingham

State

AL

Zip Code

35209-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N.W Ala Emerg Phys

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 18 / 2011

Transaction ID : C1448848

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Glen R Stream MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453315

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

841.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maureen P Strohm MD

Mailing Address 39000 Bob Hope Drive
Lucy Curci Cancer Center

City Rancho Mirage State CA Zip Code 92270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2011

Transaction ID : C1450711

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Harry S Strothers III

Mailing Address 300-A Bldg 100
1513 E Cleveland Ave

City East Point State GA Zip Code 30344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morehouse School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427067

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

C. Ray H Tangunan MD

Mailing Address 6801 Us Highway 27 N Ste B

City Sebring State FL Zip Code 33870-7840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2011

Transaction ID : C1452583

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProHealth Physicians LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

10 / 10 / 2011

Transaction ID : C1427065

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

B. Todd A Thames MD

Mailing Address 333 N Santa Rosa St Apt F4703

City

San Antonio

State

TX

Zip Code

78207-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTUS Santa Rosa Health System

Occupation

Physician, Residency Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1498328

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Andrew J Ting MD

Mailing Address 15 Railroad Ave

City

S Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 07 / 2011

Transaction ID : C1426878

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lloyd P Van Winkle MD

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

10 / 16 / 2011

Transaction ID : C1498403

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

B. Jane A Weida MD

Mailing Address 1011 Handsome Pl

City

Lititz

State

PA

Zip Code

17543-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Hospital Famliy Medicine Resid

Occupation

Family Physician/Faculty Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 04 / 2011

Transaction ID : C1423448

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Thomas J Weida MD

Mailing Address 845 Fishburn Rd

City

Hershey

State

PA

Zip Code

17033-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

Transaction ID : C1451232

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shawn Harper Dic West MD

Mailing Address 7315 212th St Sw Ste 101

EDMONDS FAMILY MEDICINE

City Edmonds State WA Zip Code 98026-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Puget Sound Family Physicians

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422279

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City Dahlonega State GA Zip Code 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : C1453397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

14486.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 40
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6922.47

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2011

Transaction ID : C1422557

Amount of Each Receipt this Period

334.66

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6922.47

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2011

Transaction ID : C1451964

Amount of Each Receipt this Period

246.14

Full Name (Last, First, Middle Initial)

C. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6922.47

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2011

Transaction ID : C1454460

Amount of Each Receipt this Period

752.58

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.38

1333.38

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D120188

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D120189

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D120190

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

55.31

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

20.31

State: District:

Three digital displays showing the date 10/14/2011 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '14' with 'D' indicators above it. The third display shows '2011' with 'Y' indicators above it.

Category/
Type

12.72

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Category/
Type

2.97

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

36.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 18 2011
Transaction ID : D120775

Amount of Each Disbursement this Period

13.07

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 19 2011
Transaction ID : D120776

Amount of Each Disbursement this Period

1.01

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2011
Transaction ID : D120777

Amount of Each Disbursement this Period

12.46

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. AmeriPAC: The Fund for a Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2011

Transaction ID : D119891

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC)

Mailing Address P.O. Box 65314

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Charles Boustany

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: LA	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2011

Transaction ID : D119869

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City	State	Zip Code
Brooklyn	NY	11233

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Edolphus Towns

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 10

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2011

Transaction ID : D120671

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Erik Paulsen

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D119940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : D120670

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City	State	Zip Code
EVANSTON	IL	60204

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : D120672

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

Transaction ID : D119870

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

Transaction ID : D119871

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pete Stark

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : D120673

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

15500.00
